

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
1	6

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1990.38

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

05/16/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
Doyle Printing

Date

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8Mailing Address
6911 Old Landover Rd

Amount

1178.19

City State Zip Code
Landover MD 20710Purpose of Expenditure
PrintingCategory/
TypeOffice Sought: ☐ House State: DC
Presidential ☐ Senate District: 00
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought 86155.24Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
USPS

Date

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8Mailing Address
.

Amount

676.83

City State Zip Code
Washington DC 20005Purpose of Expenditure
PostageCategory/
TypeOffice Sought: ☐ House State: DC
Presidential ☐ Senate District: 00
☒ PresidentCheck One: ☐ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought 86155.24Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8Mailing Address
1156 15th Street, NW, Suite 700

Amount

135.36

City State Zip Code
Washington DC 20005Purpose of Expenditure
List Rental (5/16 Mailing)Category/
TypeOffice Sought: ☐ House State: DC
Presidential ☐ Senate District: 00
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought 86155.24Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1990.38

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1990.38